

SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warden- Donna Zickefoose
FCI Fort Dix
P.O. Box 38
Fort Dix, NJ 08640

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

MPS JIL

C. Date of Delivery

4/30/12

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7011 0470 0003 2566 7339

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540